

**City of Ankeny  
Emergency Operations Plan**

**ICS 202  
Incident Objectives/Response Priorities**

Incident Name:		Date Prepared:	Time Prepared:
Operational Period Date: From: To:		Operational Period Time: From: To:	

**General Control Objectives For The Incident** (Include Alternatives)

- Eliminate major threats to life and safety
- Maintain essential governmental authority
- Eliminate major threats to property and the environment
- Restore essential systems and services
- Restore normal community and governmental operations

**Specific objectives for the operational period** (Include Alternatives)

**Weather Forecast for Operational Period**

**General Safety Message**

**Attachments** (Required for IAP)

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|---|---|--|
| <input type="checkbox"/> Incident Objectives (ICS 202)            | <input type="checkbox"/> ICS Position/Phone Numbers (ICS 205-1) | <input type="checkbox"/> Health & Safety Message (ICS 223) |
| <input type="checkbox"/> Organizational Assignment List (ICS 203) | <input type="checkbox"/> Medical Plan (ICS 206)                 | <input type="checkbox"/> Other _____                       |
| <input type="checkbox"/> Division/Group Assignment (ICS 204)      | <input type="checkbox"/> Situation Status Summary (ICS 209)     |  |
| <input type="checkbox"/> Communications Plan (ICS 205)            |   |  |

Prepared By:		Agency/Department Name:		ICS Position: Planning Section Chief	
Approved By Incident Commander (IC):			Agency/Department Name:		
Approved By Federal On-Scene Coordinator (FOSC):		Date:	Approved By State On-Scene Coordinator (SOSC):		Date: